



J. N. Green

Gr. 44.

SOME REMARKS

(1)

ON

CLINICAL LECTURES,

BEING THE SUBSTANCE OF AN

INTRODUCTORY LECTURE

DELIVERED AT

GUY'S HOSPITAL.

ON THE 27TH OF JANUARY 1818.



BY

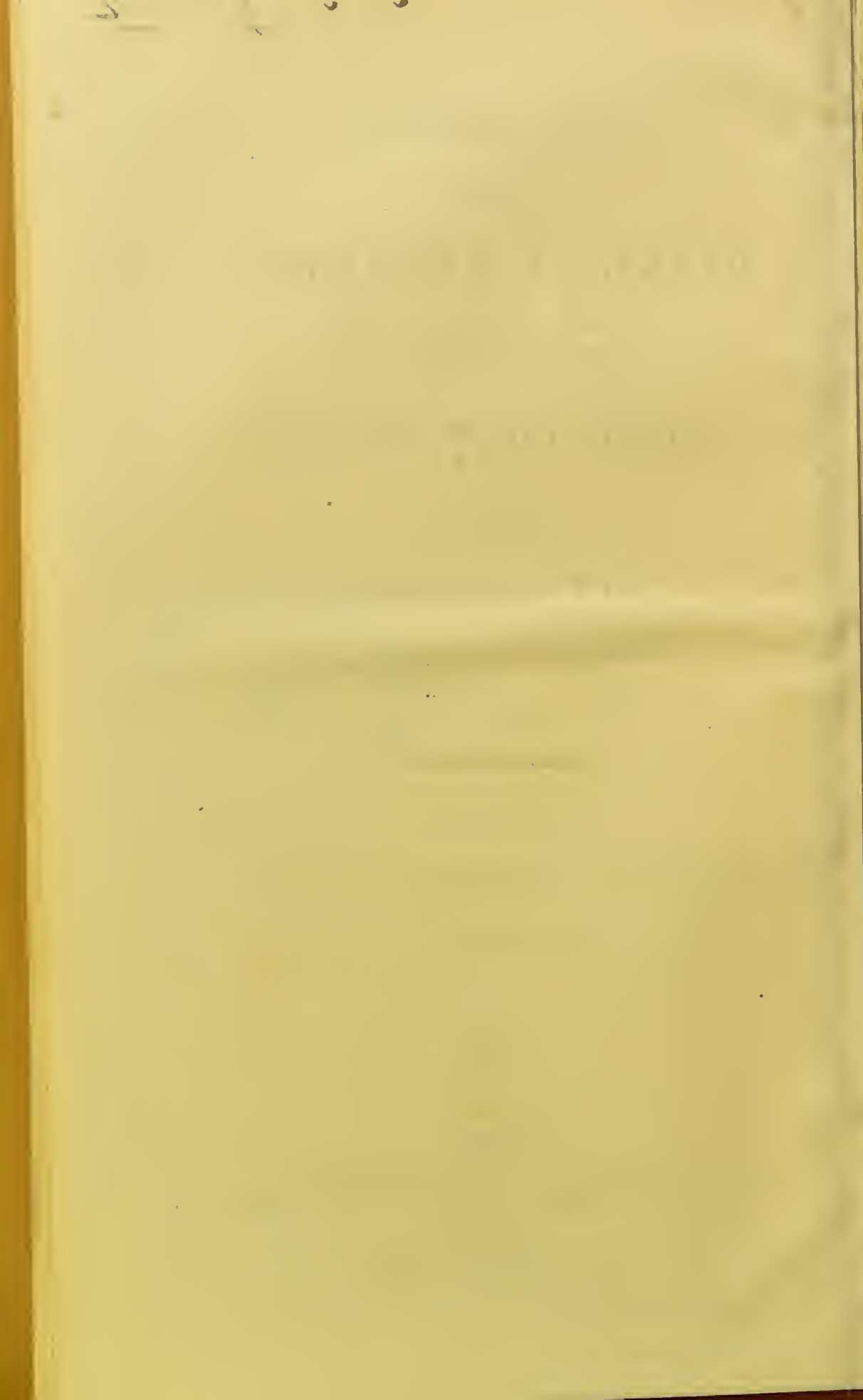
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ONE OF THE PHYSICIANS TO THE HOSPITAL.

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ADVERTISEMENT.

THOUGH it is very uncertain whether I shall ever again engage in a course of Clinical Lectures, I am induced to circulate among the Students of Guy's Hospital these introductory remarks, such as they were delivered a few days ago in our Medical Theatre, in hopes that they may contribute to bring our Clinical establishment, and the new footing upon which it has been placed, into more general notice ; so as to encourage both the Physician who may be called upon to conduct these lectures in future, and the students who may have an opportunity of attending them, to engage with increased ardour in this most useful branch of Medical Education.

*Russell Square,
Feb. 2d, 1818.*

GENTLEMEN,

It is not merely in compliance with custom, but it is really because I feel anxious that the objects and importance of a course of Clinical Lectures should be well understood, that I have solicited your attention to a few introductory remarks on the subject. If I were addressing myself to an audience of students in Edinburgh, or in Paris, or in Vienna, or in Pavia, or indeed, I believe, in any other medical school of Europe, they would appear quite superfluous; because in all those great seminaries the importance of the Clinical department, and its superiority, in point of practical utility, over most other branches of medical education, is so generally felt and acknowledged, that any observations on this head would be viewed as mere truisms and useless admonitions. In London, however, singular as it must appear, the case is quite different. In this metropolis, which is the first and only great practical school of medicine in Great Britain, Clinical Lectures are scarcely known; and although our noble hospitals are the central points of our medical studies

—although we teach Physic, in all its branches, under the same roof where hundreds of patients are constantly presenting to our view illustrations of its principles—yet we scarcely ever avail ourselves of these advantages to point out and record, at the patient's bed-side, the correspondence between our descriptions of diseases and the phenomena of nature; or to watch from day to day the effects of remedies and the progress of our treatment*.

The causes of this singular indifference, though not very obvious, can however, in a great degree, be explained. The too short period which many students devote to their medical studies—the preponderance which most of them give to surgical practice—the great variety of objects which divert their attention during their stay in London—and the omission of the Clinical department in the enumeration of the courses of lectures

* The ordinary visit of the physicians of the house may be considered as answering in some degree this object. But besides that it takes place only twice a week, the number of patients is such, and the visit necessarily so rapid, that it is nearly impossible to explain to the pupils, at the patient's bed-side, the particulars of the cases; and their attention is seldom sufficiently excited to derive much information from this mode of proceeding.

required for admission by the different medical corporations, are causes sufficient to account, in some degree, for the little encouragement which Clinical Lectures have generally received.

But a much more frequent, and a more serious cause of failure, would, I am afraid, be found in the lecturers themselves. There does not exist any branch of teaching which requires so much time and punctuality, so much attention and labour, which calls for such active exertions of every kind, as the conducting of Clinical Lectures. And as, besides these requisites, this mode of lecturing supposes previous habits of practice and personal experience, it naturally follows that those who are best fitted for the undertaking, are in general least able or least inclined to submit to so arduous a task.

That these difficulties may be surmounted however, has upon several occasions been shewn in this hospital. The late Dr. Saunders, who may justly be considered as one of the principal founders of this prosperous school, read Clinical Lectures in this hospital with considerable success, about twenty-five or thirty years ago. Dr. Saunders's colleague, the late Dr. Relph, prosecuted the same

plan after him for several years; and Dr. Babington, Dr. Curry, and myself, renewed the Clinical Lectures ten or twelve years ago*, during two successive winters. These efforts, however, were but transitory, because, independently of the general difficulties which I have already mentioned, there existed others of a particular nature, which necessarily and most materially tended to diminish our numbers. The difficulties to which I allude were these: It was not only necessary, in order to be admitted as Clinical pupil, to have entered as Physician's pupil; but it was also required that the student should have previously been admitted to two courses of practice; qualifications, which, however desirable, must evidently, if strictly required, have most materially reduced the number of Clinical students.

Last year, however, all these shackles were happily removed. Instead of having our Clinical patients scattered all over the house, private wards, with an appropriate establishment, quite distinct from the other parts of the hospital, were, by the

* I remember with particular pleasure being assisted in this first trial, in 1805, by Dr. Buxton, now Physician to the London Hospital, and by my present colleague, Dr. Laird, both of whom were then pupils of Guy's Hospital.

liberality of the Treasurer, (who has been an early friend and warm promoter of the Clinical establishment) opened for the exclusive reception of Clinical cases, so that all descriptions of pupils, whether medical or surgical, whether previously connected with the hospital or not, became admissible to the Clinical cases, without its occasioning any intrusion upon the other parts of the house, or any infringement of the rights of Hospital pupilship. The restriction as to the previous entering to the lectures on practice, having been at the same time removed, the latitude of admission was now complete, and the whole was placed on the most easy and liberal footing.

It was under these favorable auspices that I undertook last winter, conjointly with Dr. Cholmeley and Dr. Laird, and with the able and zealous assistance of Dr. Wright of Bucklersbury, a course of Clinical lectures, and the event fully justified our expectation. Our numbers were respectable, and we had the pleasure of observing the best-informed and most diligent students foremost in our ranks. The wards, and accommodation annexed to them were found peculiarly comfortable and well adapted to their object. The daily reports were given with regularity, and fol-

lowed with great attention. A *Clinical Society* was formed amongst the pupils, to discuss and reconsider at their meetings points connected with the history and treatment of the most interesting Clinical cases: and, in short, a degree of zeal and interest was excited in the medical department of this hospital, of which, I believe, no precedent would be found in the annals of this school.

Encouraged by this trial, we resolved, Dr. Cholmeley and myself, at the close of the last session, to renew our Clinical lectures this winter, and our intention was publicly announced. It was then understood, and I have adhered to this agreement, that all Physician's pupils, *for the time being*, would, *ipso facto*, be admissible to the Clinical lectures without additional fees; a privilege which, if I mistake not, they had never enjoyed before. Towards the autumn, however, Dr. Cholmeley having agreed to assist Dr. Curry in the course of practice*, and finding his new labours incompatible with those of the Clinical lectures, declined the undertaking for this season, and I

* I was, myself, induced to decline that duty, from circumstances which it is unnecessary to relate. But I think it right to mention that Dr. Babington and Dr. Curry did me the honor of putting it to my option to give the assistance required.

remained alone to redeem our pledge. This I most sincerely regret; but however valuable the co-operation of my colleagues would have been to you on this occasion, I may be allowed to observe that the loss will not be more severely felt by you than by me, since you have the benefit of their opinions upon most practical subjects, in the morning lectures, whilst I shall have to carry on, single-handed, with all the responsibility attached to it, this difficult and laborious undertaking.

Having said thus much of the historical part of my subject, it is full time that I should acquaint those who have never attended Clinical lectures, with the particular object and nature of this branch of medical education. The chief object of Clinical lectures is to submit the various branches of medical knowledge, which are acquired in the other departments, to the test of experience. For this purpose a certain number of patients of both sexes are carefully selected and separated from the general mass of patients, the ground of selection being the distinctness of the symptoms, and the fitness of the case to afford a clear and striking instance of the disease which it is intended to exhibit.

On admitting the patient the symptoms are recorded, such as they appear at that moment ; and at the same time a concise retrospective history of the case is entered into the Clinical journals. In this manner a set of cases is soon obtained, each of which offers to our view an account of the earliest period of the disease, a description of its present state, and a kind of frame or outline, in which we can successfully place and delineate all the features of the case as they develop themselves.

Every day, at the stated hour, we muster in a room annexed to the Clinical wards, whence we proceed to visit our patients. This visit, and the report which is given at the patient's bed-side, forms, as the term *Clinical* implies*, the essence of Clinical lectures. The patient, surrounded by the pupils, is carefully examined, and all the circumstances of his situation are well ascertained. A report is then dictated by the physician, and, while this is going on, the pupils have an opportunity of comparing the circumstances described in this report with the real appearances before their eyes, and of suggesting or pointing out any particular circumstances

* From *κλινη*, a bed.

which may have escaped the physician's attention. The interest excited by this mode of proceeding—the impression made upon the mind and memory—and the mass of practical information which is thus acquired by reading in the book of Nature, are only known to those who have already had some experience of this mode of obtaining knowledge. I can assure you, gentlemen, that the strongest recollections which I have preserved of interesting cases, which I have attended either as a pupil or as a lecturer, during twenty-three years of hospital experience, are derived from Clinical lectures. Indeed I do, even now, at the distance of twenty-two or twenty-three years, occasionally refer for information to cases which struck me forcibly in the Clinical wards of Edinburgh, when I was a student in that school; and such is the impression made upon the mind by facts observed in this manner, that I do even recollect, in some instances, the countenance and names of the patients who were the objects of those early lessons.

Besides this daily report, on the utility of which I need not any longer dwell, another important auxiliary means of information, is derived

from the Clinical dissertations which take place once a week, on some of the most interesting cases. In these Lectures a general view of the state of the wards is first taken for the purpose of directing the attention of the students to the most instructive cases, and to the principal points of the treatment. Sometimes also we venture upon taking a prospective view of diseases, and prognosticating their mode of termination; this is the most delicate, and the most difficult path of Medical Science, and one which we must learn to tread with great caution and diffidence. After this general survey, there usually follows a more minute comment upon some of the cases which are either nearly terminated, or sufficiently advanced to yield some decisive results. Here the Clinical patient becomes a central point to which our attention is exclusively directed. All theories, all speculative notions must yield to the light of experimental evidence. Theory is often required to connect and explain the phenomena; but the facts are always before us, and they are the great source from which all our reasonings must be derived.

With regard to the number of Clinical pa-

tients, it will be found more than sufficient for our purpose. The wards contain only twenty-four beds; but you will find it hardly possible to follow so many cases with Clinical minuteness. Sufficient variety is no doubt requisite; but it should not be so great as to prevent that degree of attention to individual cases, which this mode of instruction essentially requires. I am ready to admit however, generally speaking, that, the larger an hospital is, and the more numerous the patients, the greater chance there is of increasing our store of knowledge.

But the case is different as to Clinical Lectures. Here, I repeat it, we want a selection; we want diseases in their simplest and best characterised form; we want as much as possible to abstract from adventitious circumstances. In one word, we want to see illustrations of the laws of pathological science, before we perplex ourselves with the exceptions to these laws; thus leaving the study of the most complex cases, and the analysis of nice shades of disease, for the last periods of our medical education*.

* It has been customary for the physicians of Guy's Hospital to allow the Clinical lecturer to transfer to the Clinical wards,
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These remarks however, respecting the advantage of concentrating our attention upon a few select cases, must be allowed to apply with less force to Surgical than to Medical practice. In Surgery, where a mere glance of the disease often conveys an adequate knowledge of its nature, a great variety of cases is particularly desirable; but in Medicine, in which the diseased parts being not under immediate inspection, no correct information can be obtained without a minute inquiry into all the particulars of the case, it is a very erroneous, though but too prevailing opinion amongst medical students, that by merely walking through the wards of an hospital, they improve in medical knowledge, and that the information they gain is proportional to the number of beds which come within the range of their morning perambulations.

Nothing would be more illiberal, and nothing can be farther from my thoughts, than to take advantage of this opportunity of addressing you, to enhance in your eyes the importance of medical practice, compared to that of your surgical studies. I am perfectly aware that I am address-

any of their patients whose cases may appear particularly instructive; this liberal indulgence affords, of course, a most valuable latitude in the selection of patients.

ing myself to gentlemen, by far the greatest number of whom are studying with a view to be Surgeons or General Practitioners; and I know perfectly that anatomy and surgery are the first and most essential requisites. Yet allow me to observe that although the competence or incapacity of a surgeon who practices physic, is not (on account of the latent nature of internal diseases) so easily judged of by the public, as his skill in the treatment of surgical disorders; yet in point of fact, his knowledge or ignorance of pathological science are still more important to the public, than his surgical acquirements; since experience has shewn that nine in ten, or probably nineteen in twenty of the cases which a general practitioner is called upon to treat, even in Army Practice, are purely medical. It is however most gratifying to think that the two pursuits may go hand in hand, without the least difficulty; and that they even do most essentially assist each other. There is still, by a kind of mutual agreement, a line drawn between the various departments of the medical profession; but this line is altogether arbitrary. Hippocrates, the greatest physician of antiquity, dressed wounds and prepared medicaments. And though in the present more advanced state of

medical knowledge, it is probably useful and expedient, that the labour of these different duties should be divided in practice ; yet, in science, the different branches of the healing art will ever be bordering upon each other ; and no man can excel in his own branch, if he be a stranger to the other departments.

Before we part, gentlemen, I beg to say one word respecting the police and management of our Clinical wards. The small number of patients in each ward will allow us to keep up a more strict order than is observed in the other parts of the house. We shall be particularly careful respecting the quick and regular administration of medicines* ; and we shall endeavour to prevent those abuses, respecting the introduction of improper articles of drink or diet, which are unfortunately but too prevalent in hospitals. But in thus enforcing a salutary discipline, let us never lose

* I may be allowed to notice here the readiness with which Mr. Stocker and his assistants in the Pharmaceutical department, have entered into all the arrangements, and have submitted to all the extra-trouble which this detached establishment necessarily occasions. The Steward also has afforded every facility in his power ; and indeed I may say with truth, that all possible encouragement has been given to this undertaking.

sight of the primary object of this, and all other hospitals, which is—the relief of suffering humanity. The Medical Schools which have been grafted upon these establishments, however useful and important, are but secondary objects ; we must therefore always consider the comfort and well-doing of our patients as the first and principal aim in all our proceedings. We shall take every opportunity of trying new and promising remedies, but we shall carry on our inquiries with the same caution as if we were experimenting upon our friends or upon ourselves. During the visit, I need not remind you that strict decorum and a perfect silence should be observed. When you visit the wards, between the reports, you will of course treat our patients with gentleness, and attention to their feelings, so as to remove all idea that they are the subjects of experiment, rather than the objects of sympathy and kindness. We shall, of course, take every opportunity of examining the bodies of the patients whom we may happen to lose. Mr. Calloway, who has been appointed by the Managing Committee to superintend, in the absence of the surgeons of the hospital, the inspection of bodies, will, as he has done on former occasions, lend us his able

assistance; and Mr. Astley Cooper has also kindly promised occasionally to point out (as he has always done whenever I have made the request) any interesting morbid appearances. But allow me to recommend you, gentlemen, never to make the least allusion in the wards to the inspection of bodies. It is an idea which, in the lower classes, more than ninety-nine patients in one hundred hold in abhorrence; and I need not say, independently of motives of humanity, how desirable it is that patients instead of having a dread of our wards, should consider them rather as a desirable abode, and that they should come to us with those feelings of confidence, without which it is almost impossible that medical treatment should produce its beneficial effects. The wards will be open every day till six o'clock in the evening, but not until after the morning visit, because it is necessary that the prescribing physician should see the patients before they have been roused or disturbed by previous examinations.

The Clinical books will be deposited in the room annexed to the wards, for the inspection of the students; but I entreat you, gentlemen, to attend the reports in person, to take your notes

in the wards, and not to trust for information to the contents of our journals. There is something in the look of the patient, in his eyes, his voice, his manner, which no description can convey, and which it is the principal object of Clinical Practice to illustrate.

I cannot conclude, gentlemen, without expressing my thanks to Dr. Dacosta for the zeal and readiness with which he has offered to assist me in this undertaking. That gentleman, who has already distinguished himself in Edinburgh, by the able assistance he has afforded to the Clinical professors in this arduous department, will draw up the cases, and write out our Clinical Reports. It is a task of considerable labour, and which requires much judgment and information; but I know, both from my own acquaintance with Dr. Dacosta, and from the testimony of several friends, that I can with confidence rely upon him for all these advantages.

Gentlemen, I shall hope to meet you in the Clinical wards, on Thursday, precisely at twelve o'clock.

